

IDOE School Improvement and Professional Development

School Level Assurance Form Principal / Exclusive Representative Signatures

School Number		Corporation Number	
School Name		Corporation Name	

As **principal**, I verify that the professional development program complies with the Indiana State Board's core principles for professional development and was developed by the committee that develops the school's strategic and continuous improvement and achievement plan. (IC 20-20-31-5)

Principal Name (Print)	
Principal Signature	
Date Signed	

- If your exclusive representative would prefer to sign for each individual school or if you have an exclusive representative responsible for just your school, complete the following information.
- If your school corporation has a single exclusive representative who has the authority to sign off for all schools, complete the "**Corporation Level Assurance Form**" only and leave the following section blank.

The **exclusive representative** is required to demonstrate support "only for the professional development program component of the plan." By signing this form, I demonstrate my support for the professional development programs **for this school** as listed above as it has been reviewed, revised, and submitted as part of the Strategic and Continuous School Improvement and Achievement Plan. (511 IAC 6.2-3-3(10))

Exclusive Representative Name (Print)	
Exclusive Representative Signature	
Date Signed	

This assurance form must be **mailed** to the Division of Accreditation, Assistance, and Awards by **June 30, 2009**. The **DOE-RR and the 2009-10 Professional Development Plan – Grant Application** must be completed online.

Submit by mail to: Assurance Forms
Office of Accreditation and Awards
Indiana Department of Education
151 West Ohio Street
Indianapolis, IN 46204

Please contact the **Office of Accreditation and Awards** at 800-894-4044 or 317-232-9060 if you have any questions.